## FITZPATRICK, CELLA, HARPER & SCINTO

30 Rockefeller Plaza New York, NY 10112-3800 (212) 218-2100

Facsimile:(212) 218-2200

RECEIVED
CENTRAL FAX CENTER

FEB 2 8 2005

## **FACSIMILE COVER SHEET**

TO:	US Patent & Tradema	rk Office				
FROM:	Leonard P. Diana					
RE:	U.S. Patent Appln. No. 09/434,404 Our Ref.: 00862.003194					
FAX-NO.:	703-872-9306		·.			
DATE:	February 28, 2005	NO. OF PAGES: (including cover page)	14			
TIME:		SENT BY:				

**MESSAGE** 

## IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL 212-218-2100 AS SOON AS POSSIBLE.

Note: We are transmitting from a Canon Model FAX-L770

(compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINATIO US AT THE ABOVE ADDRESS. THANK YOU.

In re Application of:

Docket No. 00862.003194

ATSUSHI MATSUMOTO ET AL.

Application No.: 09/434,404

Examiner: J. R. Pokrzywa

Filed: November 5, 1999

Group Art Unit: 2622

For: IMAGE PROCESSING METHOD SYSTEM AND

APPARATUS, AND STORAGE MEDIUM

Date: February 28, 2005

Mail Stop AF THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

| X | No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 25	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 5	MINUS	***	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—					0	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Leonard P. Diana Attorney for Applicants Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

NY\_MAIN 4B4366v1